· FORM D

SEC Mail Mail Processing Section

SEP 12 2008

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Washington, DC 108

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Ap	proval
OMB Number:	3235-0076
Expires: April 3	30, 2008
Estimated average	a hundan

Estimated average burden Hours per response 16.00

SEC USE ONLY									
Prefix			Serial						
	DATE RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Shares of common and preferred stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Patina Solutions Group, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 6737 West Washington Street, Suite 1200, Milwaukee, WI 53214 (262) 308-4872 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Gidifferent from Executive Offices) Brief Description of Business Providing staffing and consulting services
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Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number 08059296
(if different from Executive Offices)
(if different from Executive Offices)
Brief Description of Business Providing staffing and consulting services
Type of Business Organization
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
business trust limited partnership, to be formed
Month Year Year
0 5 0 8
Actual or Estimated Date of Incorporation:
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
Actual or Estimated Date of Incorporation: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) D SEP 192008 CN FOR Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 1 of 8

•	A	BASIC IDENTIFICA	TION DATA				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner or partnership issuers. 							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ Manager		
Full name (Last name first, if indi	vidual)	·					
Harris, Michael E.							
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
6737 West Washington Street, Su	ite 1200, Milwauk	ee, WI 53214					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ Manager		
Full name (Last name first, if indi	vidual)	·					
Seeger, Deborah							
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
6737 West Washington Street, Su	ite 1200, Milwauk	ee, WI 53214					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner		
Full name (Last name first, if indi	vidual)						
O'Brien, Patrick							
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
6737 West Washington Street, Su	ite 1200, Milwauk	ee, WI 53214					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner		
Full name (Last name first, if indi	vidual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full name (Last name first, if indi	vidual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full name (Last name first, if indi	vidual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full name (Last name first, if indi	vidual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
(U	se blank sheet, or	copy and use additional	copies of this sheet, as n	necessary.)			

•					IFORMAT	FION ABO	OUT OFF	ERING				
1 Has t	he issuer so	old, or doe		· intend to	sell, to non	-accredited	linvestors	in this offe	ring?		Ye ∏	
1. 1145		0.4, 0. 400			in Append							_
2 What	is the min	imum inve			cepted fror	•	7				\$ 2	5.000.00
											Ye	s No
					ngle unit?							
sion of to be list th	or similar r listed is an ne name of	emuneration associated the broker	on for solic d person or or dealer.	itation of p agent of a If more th	who has bourchasers: broker or ean five (5) that broker	in connecti dealer regi persons to	on with sal stered with be listed a	les of secui the SEC a	ities in the nd/or with	offering. a state or s	If a persor tates,	
	me (Last na	ame first, i	f individua	1)								
None	o or Pacido	anco Addre	occ (Numbe	r and Stra	et, City, Sta	te Zin Co	de)					
Dusines	s or Reside	ence Addre	SS (Nulliot	r and Sue	ы, Спу, Ба	ite, Zip Co	ue)					
Name o	f Associate	ed Broker	or Dealer									
States in	n Which Pe	erson Liste	d Has Soli	cited or Int	ends to So	licit Purcha	isers					
(Check	"All States	s" or check	individual	States)			*****************	*************			🔲 Al	ll States
` [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[F L]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last n	ame first, i	findividua	1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Busines	s or Reside	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ite, Zip Co	de)				,	
	<u> </u>				· · · · · · · · · · · · · · · · · · ·							
Name o	f Associate	ed Broker (or Dealer									
States i	n Which Pe	erson Liste	d Has Soli	cited or Int	ends to So	licit Purcha	asers		·			
(C)	neck "All S	itates" or c	heck indivi	dual State	s)						[] A1	I States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[6/1] [KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last n	ame first, i	f individua	1)		<u></u>						
Busines	s or Reside	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ate. Zin Co	de)				. , .	
24011100			- Jo (Trainbr			, 2.p 00						
Name o	f Associate	ed Broker	or Dealer							,		
States is	n Which Pe	erson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers					
(Cl	neck "All S	states" or c	heck indivi	dual States	s)		***************************************		*******		🔲 Al	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[]L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[W1]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(Enter the aggregate offering price of securities included in this offering and the total amo already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange o check this box \square and indicate in the columns below the amounts of the securities offered and already exchanged.	ffering	change	A	- aunt Almandu
	Type of Security	0	Aggregate ffering Price	Ai	nount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	755,000	\$	755,000
	Stock Common and Preferred Shares	-			
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other	\$	0	\$	0
		\$	755,000	s	755,000
	Answer also in Appendix, Column 3, if filing under ULOE.	Φ	733,000	Ψ	755,000
(Enter the number of accredited and non-accredited investors who have purchased securition offering and the aggregate dollar amounts of their purchases. For offerings under Rule 50 cate the number of persons who have purchased securities and the aggregate dollar amount purchases on the total lines. Enter "0" if answer is "none" or "zero."	04, ind	i-	D	Aggregate
			Investors		onar Amount of Purchases
	Accredited Investors	_	10	\$	755,000
	Non-accredited Investors		0	s	0
	Total		10	\$	755,000
	Answer also in Appendix, Column 4, if filing under ULOE.		-		
t	If this filing is for an offering under Rule 504 or 505, enter the information requested for ties sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) mont to the first sale of securities in this offering. Classify securities by type listed in Part C-Q	hs prio	r		
	Type of offering		Type of	D	ollar Amount
			Security 0	\$	Sold
	Rule 505				
	Regulation A	_	0	\$	0
	Rule 504		0	\$	0
	Total		0	\$	0
se T	Furnish a statement of all expenses in connection with the issuance and distribution of ecurities in this offering. Exclude amounts relating solely to organization expenses of the information may be given as subject to future contingencies. If the amount of an expense not known, furnish an estimate and check the box to the left of the estimate.	e issuei	r. e		
	Transfer Agent's Fees				<u> </u>
	Printing and Engraving Costs				s <u> </u>
	Legal Fees			⋈:	5,000
					5 O
	Accounting Fees			_	s0
	Engineering Fees				
	Sales Commissions (specify finders' fees separately)				<u> </u>
	Other Expenses (identify)	•••••			s <u> </u>
	Total				<u> </u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES	AND USE OF	PROCEEDS		
	b. Enter the difference between the aggregate offe tion 1 and total expenses furnished in response to 1 "adjusted gross proceeds to the issuer."	Part C-Question 4.a. This differen	ce is the		\$ 750,000	
5.	Indicate below the amount of the adjusted gross prused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth it	t for any purpose is not known, fute. The total of the payments liste	rnish an d must equal			
	the adjusted Broom proceed to the local to the series		Pa	syments to		
	Salaries and fees		D:	Officers, irectors, & Affiliates	Payments To Others \$	
			П	§	□ \$	
	Purchase of real estate Purchase, rental or leasing and installation of		П	5	\$	
	Construction or leasing of plant buildings an				\$	
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another		\$	□ \$	
	Repayment of indebtedness		П	5	\$	
	Working capital			5	% \$750,000	
	Other (specify): Value of exchanged commo			5		
	Other (specify): Amount used to redeem corwith a sale of the Company Column Totals	•			□ \$	
	Total Payments Listed (column totals added)			∑ \$ <u>750</u> ,000		
		. FEDERAL SIGNATURE				
fo	e issuer has duly caused this notice to be signed by the lowing signature constitutes an undertaking by the issu staff, the information furnished by the issuer to any no	er to furnish to the U.S. Securities at	nd Exchange Com	ımission, upon v	505, the written request of	
Įs:	uer (Print or Type)	Signature		Date		
Patina Solutions Group, Inc.		MA		September 5, 2008		
N	nme of Signer (Print or Type) ichael E. Harris	Title of Signer (Print or Type) President				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

____ ATTENTION ____

	E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes of such rule?	No ⊠
	See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Patina Solutions Group, Inc.		September 5, 2008
Name (Print or Type)	Title (Print or Type)	
Michael E. Harris	President	<u></u>

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy of bear typed or printed signatures.

APPENDIX

I	. -		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL		X	\$50,000, shares of Common and Preferred Stock	1	\$50,000	0	0		X
GA									
HI									
IĐ									
IL									
IN									
IA	.=								
KS								ļ	
KY									
LA		ļ							
ME									
MD									
MA									
MI		X	\$100,000, shares of Common and Preferred Stock	2	\$100,000	0	0	:	х
MN									
MS									
МО								<u></u>]

APPENDIX

1	Intend to non-a	to sell ccredited s in State	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	Number of	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
MT	1 ¢5	140		IIIVCSIOIS	Athount	investors	7 timount	1 45	
NE								-	
NV									
NH									
NJ									
NM									
NY									
NC			-						
ND									
ОН	-								
OK				·					
OR									
PA									
RI				·					
SC	_								
SD									
TN									
TX									
UT									
VT		·							
VA									
WA									
WV									
WI		X	\$605,000, shares of Common and Preferred Stock	7	\$605,000	0	0		X
WY							ļ	ļ	
PR									

